

**CLAIMS ONLY**

4-22-05

**Application Number**

**Filing Date**

707

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1			1			
2				1		
3					1	
4					1	
5					1	
6					1	
7					1	
8					1	
9					1	
10					1	
11					1	
12					1	
13			1			
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50						
Total			2			
Indep						
Total			16			
Depend						
Total			18			
Claims						

	Indep	Depend	Indep	Depend	Indep	Depend
51						
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Total Indep						
Total Depend						
Total Claims						